

**BEFORE THE  
DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation Against: )**

**WILLIAM C. BRYCE , M.D. )**

**File No. 11-1999-104186**

**Physician's and Surgeon's )  
Certificate No. A 28255 )**

**Respondent. )**  

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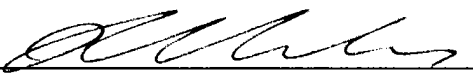
**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Division of Medical Quality of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on June 13, 2002.**

**IT IS SO ORDERED May 14, 2002.**

**MEDICAL BOARD OF CALIFORNIA**

**By:   
Hazem H. Chehabi, M.D.  
Panel A  
Division of Medical Quality**

1 BILL LOCKYER, Attorney General  
of the State of California  
2 RAJPAL S. DHILLON, State Bar No. 190583  
Deputy Attorney General  
3 California Department of Justice  
300 So. Spring Street, Suite 1702  
4 Los Angeles, CA 90013  
Telephone: (213) 897-2568  
5 Facsimile: (213) 897-1071

6 Attorneys for Complainant

7 **BEFORE THE**  
8 **DIVISION OF MEDICAL QUALITY**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 WILLIAM C. BRYCE, M.D.

14 Respondent.

Case No. 11-1999-104186

OAH No. L-2001080153

15 **STIPULATED SETTLEMENT AND**  
16 **DISCIPLINARY ORDER**

17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the  
18 above-entitled proceedings that the following matters are true:

19 PARTIES

20 1. Ron Joseph ("Complainant") is the Executive Director of the Medical  
21 Board of California. He brought this action solely in his official capacity and is represented in  
22 this matter by Bill Lockyer, Attorney General of the State of California, by Rajpal S. Dhillon,  
23 Deputy Attorney General.

24 2. William C. Bryce, M.D. ("Respondent") is represented in this proceeding  
25 by attorney William H. Dailey, whose address is 8749 Holloway Drive, West Hollywood, CA  
26 90069.

27 3. On or about November 29, 1982, the Medical Board of California issued  
28 Physician's and Surgeon's Certificate Number A 28255 to Respondent.

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1                   1.     ACTUAL SUSPENSION As part of probation, Respondent is suspended  
2 from the practice of medicine for 30 days beginning the sixteenth (16th) day after the effective  
3 date of this decision.

4                   2.     CONTROLLED DRUGS - MAINTAIN RECORD Respondent shall  
5 maintain a record of all controlled substances prescribed, dispensed or administered by  
6 Respondent during probation, showing all the following: 1) the name and address of the patient,  
7 2) the date, 3) the character and quantity of controlled substances involved, and 4) the indications  
8 and diagnoses for which the controlled substance was furnished.

9                   Respondent shall keep these records in a separate file or ledger, in chronological  
10 order, and shall make them available for inspection and copying by the Division or its designee,  
11 upon request.

12                  3.     ETHICS COURSE Within sixty (60) days of the effective date of this  
13 decision, Respondent shall enroll in a course in Ethics approved in advance by the Division or its  
14 designee, and shall successfully complete the course during the first year of probation.

15                  4.     PHYSICIAN ASSESSMENT AND CLINICAL EDUCATION PROGRAM

16                  Within 90 days from the effective date of this decision, Respondent, at his expense, shall  
17 enroll in The Physician Assessment and Clinical Education Program at the University of  
18 California, San Diego School of Medicine (hereinafter the "PACE Program"). The PACE  
19 Program consists of the Comprehensive Assessment Program which is comprised of two  
20 mandatory components: Phase 1 and Phase 2. Phase 1 is a two-day program which assesses  
21 physical and mental health; neuropsychological performance; basic clinical and communication  
22 skills common to all clinicians; and medical knowledge, skill and judgment pertaining to the  
23 specialty or sub-specialty of the Respondent. For the purpose of this Stipulated Settlement and  
24 Disciplinary Order, Respondent's specialty for the purpose of the PACE Program shall be  
25 internal medicine. After the results of Phase 1 are reviewed, Respondent shall complete Phase 2.  
26 Phase 2 comprises five (5) days (40 hours) of Clinical Education in Respondent's field of  
27 specialty. The specific curriculum of Phase 2 is designed by PACE Faculty and the Department  
28 or Division of Respondent's specialty, and utilizes data obtained from Phase 1. After

1 Respondent has completed Phase 1 and Phase 2, the PACE Evaluation Committee will review  
2 all results and make a recommendation to the Division or its designee as to whether further  
3 education, clinical training (including scope and length), treatment of any medical and/or  
4 psychological condition and any other matters affecting Respondent's practice of medicine will  
5 be required or recommended. The Division or its designee may at any time request information  
6 from PACE regarding the Respondent's participation in PACE and/or information derived  
7 therefrom. The Division may order Respondent to undergo additional education, medical and/or  
8 psychological treatment based upon the recommendations received from PACE.

9           Upon approval of the recommendation by the Division or its designee,  
10 Respondent shall undertake and complete the recommended and approved PACE Program. At  
11 the completion of the PACE Program, Respondent shall submit to an examination on its contents  
12 and substance. The examination shall be designed and administered by the PACE Program  
13 faculty. Respondent shall not be deemed to have successfully completed the program unless he  
14 passes the examination. Respondent agrees that the determination of the PACE Program faculty  
15 as to whether or not he passed the examination and/or successfully completed the PACE Program  
16 shall be binding.

17           Respondent shall complete the PACE Program no later than six months after his  
18 initial enrollment unless the Division or its designee agrees in writing to a later time for  
19 completion.

20           If Respondent successfully completes the PACE Program, including the  
21 examination referenced above, he agrees to cause the PACE Program representative to forward a  
22 Certification of Successful Completion of the program to the Division or its designee. If  
23 Respondent fails to successfully complete the PACE Program within the time limits outlined  
24 above, he shall be suspended from the practice of medicine.

25           Failure to participate in, and successfully complete all phases of the PACE  
26 Program, as outlined above, shall constitute a violation of probation.

27           5.     MONITORING Within thirty (30) days of the effective date of this  
28 decision, Respondent shall submit to the Division or its designee for its prior approval a plan of

1 practice in which Respondent's practice shall be monitored by another physician in Respondent's  
2 field of practice, who shall provide periodic reports to the Division or its designee.

3 If the monitor resigns or is no longer available, Respondent shall, within fifteen  
4 (15) days, move to have a new monitor appointed, through nomination by Respondent and  
5 approval by the Division or its designee.

6 6. OBEY ALL LAWS Respondent shall obey all federal, state and local  
7 laws, all rules governing the practice of medicine in California, and remain in full compliance  
8 with any court ordered criminal probation, payments and other orders.

9 7. QUARTERLY REPORTS Respondent shall submit quarterly  
10 declarations under penalty of perjury on forms provided by the Division, stating whether there  
11 has been compliance with all the conditions of probation.

12 8. PROBATION SURVEILLANCE PROGRAM COMPLIANCE  
13 Respondent shall comply with the Division's probation surveillance program. Respondent shall,  
14 at all times, keep the Division informed of his business and residence addresses which shall both  
15 serve as addresses of record. Changes of such addresses shall be immediately communicated in  
16 writing to the Division. Under no circumstances shall a post office box serve as an address of  
17 record, except as allowed by Business and Professions Code section 2021(b).

18 Respondent shall, at all times, maintain a current and renewed physician's and  
19 surgeon's certificate.

20 Respondent shall also immediately inform the Division, in writing, of any travel  
21 to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more  
22 than thirty (30) days.

23 9. INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS  
24 DESIGNATED PHYSICIAN(S) Respondent shall appear in person for interviews with the  
25 Division, its designee or its designated physician(s) upon request at various intervals and with  
26 reasonable notice.

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1           10.    TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-  
2 STATE NON-PRACTICE In the event Respondent should leave California to reside or to  
3 practice outside the State or for any reason should respondent stop practicing medicine in  
4 California, Respondent shall notify the Division or its designee in writing within ten (10) days of  
5 the dates of departure and return or the dates of non-practice within California. Non-practice is  
6 defined as any period of time exceeding thirty (30) days in which Respondent is not engaging in  
7 any activities defined in Sections 2051 and 2052 of the Business and Professions Code. All time  
8 spent in an intensive training program approved by the Division or its designee shall be  
9 considered as time spent in the practice of medicine. A Board-ordered suspension of practice  
10 shall not be considered as a period of non-practice. Periods of temporary or permanent residence  
11 or practice outside California or of non-practice within California, as defined in this condition,  
12 will not apply to the reduction of the probationary order.

13           11.    COMPLETION OF PROBATION Upon successful completion of  
14 probation, Respondent's certificate shall be fully restored.

15           12.    VIOLATION OF PROBATION If Respondent violates probation in any  
16 respect, the Division, after giving Respondent notice and the opportunity to be heard, may revoke  
17 probation and carry out the disciplinary order that was stayed. If an accusation or petition to  
18 revoke probation is filed against Respondent during probation, the Division shall have continuing  
19 jurisdiction until the matter is final, and the period of probation shall be extended until the matter  
20 is final.

21           13.    COST RECOVERY The Respondent is hereby ordered to reimburse the  
22 Division the amount of \$4,500 within ninety (90) days of the effective date of this decision for its  
23 investigative and prosecution costs. Failure to reimburse the Division's cost of investigation and  
24 prosecution shall constitute a violation of the probation order, unless the Division agrees in  
25 writing to payment by an installment plan because of financial hardship. The filing of  
26 bankruptcy by the Respondent shall not relieve the Respondent of his responsibility to reimburse  
27 the Division for its investigative and prosecution costs.

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1                   14.    PROBATION COSTS Respondent shall pay the costs associated with  
2 probation monitoring each and every year of probation, as designated by the Division, which are  
3 currently set at \$2,488, but may be adjusted on an annual basis. Such costs shall be payable to  
4 the Division of Medical Quality and delivered to the designated probation surveillance monitor  
5 no later than January 31 of each calendar year. Failure to pay costs within 30 days of the due  
6 date shall constitute a violation of probation.

7                   15.    LICENSE SURRENDER Following the effective date of this decision, if  
8 Respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy  
9 the terms and conditions of probation, Respondent may voluntarily tender his certificate to the  
10 Board. The Division reserves the right to evaluate the Respondent's request and to exercise its  
11 discretion whether to grant the request, or to take any other action deemed appropriate and  
12 reasonable under the circumstances. Upon formal acceptance of the tendered license,  
13 Respondent will not longer be subject to the terms and conditions of probation.

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HWH: R. D. Wilson  
FAX NO. : 1714 846 6840

Sep. 06 2002

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order. I have fully discussed it with my attorney, William H. Dailey. I understand the stipulations and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and I agree to be bound by the Decision and Order of the Division of Medical Quality, Medical Board of Georgia.

DATED: Jan 17, 2002

William C Bryce, MD  
WILLIAM C. BRYCE, M.D.  
Respondent

I have read and fully discussed with Respondent William C. Bryce the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: Jan 17, 2002

W-H Dailey  
WILLIAM H. DAILEY  
Attorney for Respondent


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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Division of Medical Quality, Medical Board of California of the Department of Consumer Affairs.

DATED: 1/17/02

BILL LOCKYER, Attorney General  
of the State of California

  
RAJPAL S. DHILLON  
Deputy Attorney General

Attorneys for Complainant

**Exhibit A**

**Accusation No. 11-1999-104186**

1 BILL LOCKYER, Attorney General  
of the State of California  
2 RICHARD AVILA, State Bar No. 91214  
Deputy Attorney General  
3 For RAJPAL DHILLON,  
Deputy Attorney General  
4 California Department of Justice  
300 South Spring Street, Suite 1702  
5 Los Angeles, CA 90013  
Telephone: (213) 897-7485  
6 Facsimile: (213) 897-1071

7 Attorneys for Complainant

8 **BEFORE THE**  
9 **DIVISION OF MEDICAL QUALITY**  
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12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

14 WILLIAM C. BRYCE, M.D.  
15 400 N. San Gabriel Avenue  
16 Azusa, California 91702

17 Physician & Surgeon's Certificate No. A 28255

18 Respondent.

**FILED**  
**STATE OF CALIFORNIA**  
**MEDICAL BOARD OF CALIFORNIA**  
**SACRAMENTO** July 20, 20 01  
**BY** Valerie Mone **ANALYST**

Case No. 11-1999-104186

**A C C U S A T I O N**

19 Complainant alleges:

PARTIES

20 1. Ron Joseph ("Complainant") brings this Accusation solely in his official  
21 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
22 Affairs.

23 2. 3. On or about November 29, 1982, the Medical Board of California issued  
24 Physician & Surgeon's Certificate Number A 28255 to WILLIAM C. BRYCE, M.D.  
25 ("Respondent"). The Physician & Surgeon's Certificate was in full force and effect at all times  
26 relevant to the charges brought herein and will expire on July 31, 2002, unless renewed.

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4. This Accusation is brought before the Division of Medical Quality,

"The Division of Medical Quality shall have the responsibility for the following:

"(a) The enforcement of the disciplinary and criminal provisions of the Medical

"(b) The administration and hearing of disciplinary actions.

"(c) Carrying out disciplinary actions appropriate to findings made by a medical

"(d) Suspending, revoking, or otherwise limiting certificates after the conclusion

"(e) Reviewing the quality of medical practice carried out by physician and

6. Section 2227 of the Code provides that a licensee who is found guilty

7. Section 2234 of the Code states:

"The Division of Medical Quality shall take action against any licensee who is

"(a) Violating or attempting to violate, directly or indirectly, or assisting in or

"(b) Gross negligence.

"(c) Repeated negligent acts.

1           "(d) Incompetence.

2           "(e) The commission of any act involving dishonesty or corruption which is  
3 substantially related to the qualifications, functions, or duties of a physician and surgeon.

4           "(f) Any action or conduct which would have warranted the denial of a  
5 certificate."

6           8.       Section 2264 of the Code states:

7           "The employing, directly or indirectly, the aiding, or the abetting of any  
8 unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in the  
9 practice of medicine or any other mode of treating the sick or afflicted which requires a  
10 license to practice constitutes unprofessional conduct."

11          9.       Section 2266 of the Code states: "The failure of a physician and surgeon to  
12 maintain adequate and accurate records relating to the provision of services to their patients  
13 constitutes unprofessional conduct."

14          10.      Section 2273 of the Code states:

15          "(a) Except as otherwise allowed by law, the employment of runners, cappers,  
16 steerers, or other persons to procure patients constitutes unprofessional conduct.

17          "(b) A licensee shall have his or her license revoked for a period of 10 years upon  
18 a second conviction for violating any of the following provisions or upon being convicted  
19 of more than one count of violating any of the following provisions in a single case:  
20 Section 650 of this code, Section 750 or 1871.4 of the Insurance Code, or Section 549 or  
21 550 of the Penal Code. After the expiration of this 10-year period, and application for  
22 license reinstatement may be made pursuant to Section 2307."

23          11.      Section 4170 of the Code states:

24          "(a) No prescriber shall dispense drugs or dangerous devices to patients in his or  
25 her office or place of practice unless all of the following conditions are met:

26                "(1) The dangerous drugs or dangerous devices are dispensed to the prescriber's  
27 own patient and the drugs or dangerous devices are not furnished by a nurse or physician  
28 attendant.

1           "(2) The dangerous drugs or dangerous devices are necessary in the treatment of  
2           the condition for which the prescriber is attending the patient.

3           "(3) The prescriber does not keep a pharmacy, open shop, or drugstore, advertised  
4           or otherwise, for the retailing of dangerous drugs, dangerous devices, or poisons.

5           "(4) The prescriber fulfills all of the labeling requirements imposed upon  
6           pharmacists by Section 4076, all of the recordkeeping requirements of this chapter, and all of  
7           the packaging requirements of good pharmaceutical practice, including the use of  
8           childproof containers.

9           "(5) The prescriber does not use a dispensing device unless he or she personally  
10          owns the device and the contents of the device, and personally dispenses the dangerous  
11          drugs or dangerous devices to the patient packaged, labeled, and recorded in accordance  
12          with paragraph (4).

13          "(6) The prescriber, prior to dispensing, offers to give a written prescription to the  
14          patient that the patient may elect to have filled by the prescriber or by any pharmacy.

15          "(7) The prescriber provides the patient with written disclosure that the patient has  
16          a choice between obtaining the prescription from the dispensing prescriber or obtaining  
17          the prescription at a pharmacy of the patient's choice.

18          "(8) A nurse practitioner, who functions pursuant to a standardized procedure  
19          described in Section 2836.1, or protocol, or a physician assistant who functions pursuant  
20          to Section 3502.1, may hand to a patient of the supervising physician and surgeon a  
21          properly labeled prescription drug prepackaged by a physician and surgeon, a  
22          manufacturer as defined in this chapter, or a pharmacist.

23          "(b) The Medical Board of California . . . shall have authority with the California  
24          State Board of Pharmacy to ensure compliance with this section, and those boards are  
25          specifically charged with the enforcement of this chapter with respect to their respective  
26          licensees.

27          "(c) "Prescriber," as used in this section, means a person, who holds a physician's  
28          and surgeon's certificate, . . . and who is duly registered as such by the Medical Board of



1 California . . . ."

2 12. Section 125.3 of the Code provides, in pertinent part, that the Division  
3 may request the administrative law judge to direct a licensee found to have committed a  
4 violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the  
5 investigation and enforcement of the case.

6 13. Section 14124.12 of the Welfare and Institutions Code states, in pertinent  
7 part:

8 "(a) Upon receipt of written notice from the Medical Board of California, the  
9 Osteopathic Medical Board of California, or the Board of Dental Examiners of California,  
10 that a licensee's license has been placed on probation as a result of a disciplinary action,  
11 the department may not reimburse any Medi-Cal claim for the type of surgical service or  
12 invasive procedure that gave rise to the probation, including any dental surgery or  
13 invasive procedure, that was performed by the licensee on or after the effective date of  
14 probation and until the termination of all probationary terms and conditions or until the  
15 probationary period has ended, whichever occurs first. This section shall apply except in  
16 any case in which the relevant licensing board determines that compelling circumstances  
17 warrant the continued reimbursement during the probationary period of any Medi-Cal  
18 claim, including any claim for dental services, as so described. In such a case, the  
19 department shall continue to reimburse the licensee for all procedures, except for those  
20 invasive or surgical procedures for which the licensee was placed on probation."

21 FIRST CAUSE FOR DISCIPLINE

22 (Gross Negligence)

23 14. Respondent is subject to disciplinary action under section 2234,  
24 subdivision (b) of the Code, in that respondent has engaged in acts and omissions in the care and  
25 treatment of a patient which constitute an extreme departure from the standard of practice. The  
26 circumstances are as follows:

27 a. On or about November 5, 1998, Patient M.P., age 84, was  
28 discharged from the Saint Jude Hospital with acute bronchitis, congestive heart failure

1 [systolic and diastolic], previous non-Q-wave myocardial infarction, chronic atrial  
2 fibrillation, chronic anticoagulation with warfarin, cerebrovascular accident with residual  
3 dysarthria [1992], seizure [1994], chronic renal insufficiency [creatinine clearance  
4 29cc/min.], peripheral vascular insufficiency with rest pain, hypertension, chronic  
5 obstructive pulmonary disease, and MRSA [highly resistant strain of bacteria]. M.P.'s  
6 serum creatinine was measured at 1.6; and BUN was measured at 80.

7 b. On or about November 20, 1998, respondent telephoned the home  
8 of M.P. to inquire about the appointment scheduled at respondent's office for 1:00 p.m.  
9 that day. Respondent spoke with a member of M.P.'s family and was informed that  
10 chelation therapy was being sought to treat M.P.'s ulcerated leg in lieu of an amputation.

11 c. On or about November 20, 1998, at 1:00 p.m., M.P. arrived at  
12 respondent's medical office in Azusa via ambulance. M.P. was accompanied by his wife,  
13 caretaker and nursing aide. M.P. was taken into respondent's office on a gurney.  
14 Respondent was not present when M.P. arrived.

15 d. On or about November 20, 1998, at 2:20 p.m., respondent arrived  
16 at his Azusa office. Respondent was dressed in dirty jeans, a shirt and dirty tennis shoes.  
17 M.P.'s family provided him with M.P.'s medical records from Saint Jude Hospital, which  
18 respondent read. Despite the presence of MRSA, respondent examined M.P. without  
19 wearing gloves or a mask. Respondent diagnosed M.P. as having arteriosclerosis and  
20 diabetes.

21 e. On or about November 20, 1998, after reading M.P.'s medical  
22 records and examining M.P. in a cursory fashion, respondent decided to commence  
23 chelation therapy, which consists of an intravenous infusion of the substance EDTA.  
24 Respondent did not discuss with M.P. the medical indication for the use of EDTA, the  
25 beneficial results to be expected from its use, the possible need of further EDTA  
26 infusions, or the risks associated with said infusions; nor did he discuss these matters  
27 with M.P.'s wife, caretaker or nursing aide. Respondent did not request a written consent  
28 from M.P. to undertake the therapy, and none was provided.

1 f. On or about November 20, 1998, respondent decided to infuse a  
2 reduced amount of EDTA solution into M.P. (i.e., 50 percent of normal) in order to avoid  
3 a possible allergic reaction. Respondent did not document the reasons for believing that  
4 M.P. would be allergic to the substance. The intravenous infusion of the EDTA solution  
5 took 1 ½ to 2 hours to complete. It was carried out, even though M.P.'s medical records  
6 showed a BUN of 80 [7 to 22 being the normal range] and an elevated creatinine during  
7 the previous month, both of which are indicative of pre-renal azotemia and thus of a  
8 predisposition to renal toxicity from any potentially nephrotoxic treatment such as  
9 EDTA. Respondent did not document the amount of EDTA solution infused, how it was  
10 mixed, or when the infusion was started and stopped. Following the administration of the  
11 EDTA solution, M.P. was discharged and returned home by ambulance.

12 g. On or about November 21, 1998, M.P. was seen at the emergency  
13 room of Saint Jude Hospital, where decreased urine output was documented.

14 h. On or about November 22, 1998, M.P. returned to the emergency  
15 room of Saint Jude Hospital, where a progressive decline in kidney function was  
16 evaluated. M.P. was immediately hospitalized.

17 i. On or about November 28, 1998, M.P. died from kidney failure.

18 j. On or about January 19, 2001, respondent stated in regard to M.P.  
19 that he would have been concerned had he known of M.P.'s renal insufficiency, and then  
20 expressed views which indicated a lack of knowledge regarding the normal ranges for  
21 BUN and creatinine.

22 k. Respondent has engaged in an extreme departure from the  
23 standard of practice in the care and treatment of Patient M.P., as follows:

24 (1) He failed to perform a good faith history and physical  
25 examination prior to treating M.P. with EDTA; and/or failed to  
26 document same.

27 (2) He failed to observe universal sanitary and sterile  
28 precautions in examining and treating M.P.

1 (3) He failed to discuss the risks and benefits of treatment with  
2 EDTA with the patient prior to commencing treatment with it; and/  
3 or failed to document same.

4 (4) He failed to request and obtain informed consent from the  
5 patient prior to commencing the treatment; and/or failed to  
6 document same.

7 (5) He treated the patient with EDTA, even though he had  
8 determined that treatment with a regular dose of EDTA would not  
9 help the patient.

10 (6) He infused a toxic substance into a patient with renal  
11 insufficiency.

12 (7) He failed to assess the patient's multiple conditions in  
13 deciding whether to treat the patient with EDTA; and/or failed to  
14 document same.

15 (8) He diagnosed diabetes without substantiation; and/or failed  
16 to document same.

17 SECOND CAUSE FOR DISCIPLINE

18 (Repeated Negligent Acts)

19 15. Respondent is subject to disciplinary action under section 2234,  
20 subdivision (c) of the Code, in that respondent has engaged in acts and omissions which  
21 constitute multiple departures from the standard of practice in the care and treatment of a patient.  
22 The circumstances are as follows:

23 a. The facts and circumstances stated at above numbered paragraph  
24 14 are incorporated by reference herein as if fully set forth.

25 b. Respondent has engaged in repeated departures from the standard  
26 of practice in the care and treatment of Patient M.P., as follows:

27 (1) He failed to perform a good faith history and physical  
28 examination prior to treating M.P. with EDTA; and/or failed to

1 document same.

2 (2) He failed to observe universal sanitary and sterile  
3 precautions in examining and treating M.P.

4 (3) He failed to discuss the risks and benefits of treatment with  
5 EDTA with the patient prior to commencing treatment with it;  
6 and/or failed to document same.

7 (4) He failed to request and obtain informed consent from the  
8 patient prior to commencing the treatment; and/or failed to  
9 document same.

10 (5) He treated the patient with EDTA, even though he had  
11 determined that treatment with a regular dose of EDTA would not  
12 help the patient.

13 (6) He infused a toxic substance into a patient with renal  
14 insufficiency.

15 (7) He failed to assess the patient's multiple conditions, in  
16 deciding whether to treat the patient with EDTA; and/or failed to  
17 document same.

18 (8) He diagnosed diabetes without substantiation; and/or failed  
19 to document same.

20 THIRD CAUSE FOR DISCIPLINE

21 (Incompetence)

22 16. Respondent is subject to disciplinary action under section 2234,  
23 subdivision (d), in that respondent has demonstrated a lack of medical knowledge, judgment and  
24 ability in the care and treatment of a patient. The circumstances are as follows:

25 a. The facts, circumstances and opinions stated at above numbered  
26 paragraph 14 are incorporated by reference herein as if fully set forth.

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1 FOURTH CAUSE FOR DISCIPLINE

2 (Inadequate Records)

3 17. Respondent is subject to disciplinary action under section 2266 of the of  
4 the Code, in that respondent has failed to make and maintain adequate and accurate records of his  
5 care and treatment of a patient. The circumstances are as follows:

6 18. The facts, circumstances and opinions stated at above numbered paragraph  
7 14 are incorporated by reference herein as if fully set forth.

8 FIFTH CAUSE FOR DISCIPLINE

9 (Aiding and Abetting Unlicensed Practice)

10 19. Respondent is subject to disciplinary action under section 2264 of the  
11 Code, in that respondent has engaged in acts and omissions constituting the aiding and abetting  
12 of the unlicensed practice of medicine. The circumstances are as follows:

13 a. On or about September 25, 2000, agents of the Medical Board of  
14 California visited the Azusa office of respondent. While there, they interviewed  
15 respondent's self-described office manager, Gerald Houghton. Houghton informed the  
16 agents that he dispensed prescription medications to respondent's weight control patients,  
17 specifically phendimetrazine tartrate, a sympathomimetic amine. Houghton also  
18 informed the agents that he had just given the medication to a patient. The agents  
19 observed that respondent's supply of medications was stored in unlocked drawers and  
20 cabinets in the office.

21 b. On or about January 19, 2001, respondent informed agents of the  
22 Medical Board of California that respondent knew that Gerald Houghton dispensed  
23 medication to respondent's patients when respondent was not present in the medical  
24 office.

25 SIXTH CAUSE FOR DISCIPLINE

26 (Employing Runners, Cappers, Steerers)

27 20. Respondent is subject to disciplinary action under section 2273, in that  
28 respondent has employed runners, cappers and steerers in the operation of respondent's medical

1 practice. The circumstances are as follows:

2 a. On or about November 27, 2000, an agent of the Medical Board of  
3 California visited respondent's medical office in Azusa in the guise of a weight loss  
4 patient. During this visit, the agent was informed by Gerald Houghton that she would  
5 receive a \$20 discount coupon to reduce her medical bills in return for every person she  
6 referred to respondent for care and treatment.

7 b. On or about January 19, 2001, respondent informed agents of the  
8 Medical Board of California that he knew about the use of the \$20 discount coupon as a  
9 way of having his patients recruit additional patients to his medical practice.

10 SEVENTH CAUSE FOR DISCIPLINE

11 (Improper Drug Security/Dispensing)

12 21. Respondent is subject to disciplinary action under section 4170 of the  
13 Code, in that respondent allowed a lay person to dispense prescription medications to patients  
14 outside of his presence or supervision, and failed to maintain restricted substances in a safe and  
15 secure location within his office. The circumstances are as follows:

16 a. The facts and circumstances set forth in above numbered paragraph  
17 19 are incorporated by reference herein as if fully set forth.

18 EIGHTH CAUSE FOR DISCIPLINE

19 (General Unprofessional Conduct)

20 22. Respondent is subject to disciplinary action under section 2234 of the  
21 Code, in that respondent has engaged in general unprofessional conduct in the performance of his  
22 medical duties and obligations. The circumstances are as follows:

23 a. The facts, circumstances and opinions stated at above numbered  
24 paragraphs 14 through 21 are incorporated by reference herein as if fully set forth.

25 DISCIPLINE CONSIDERATIONS

26 23. To determine the degree of discipline, if any, to be imposed on  
27 Respondent, Complainant alleges that on or about August 2, 1985, in a prior disciplinary action  
28 entitled In the Matter of the Accusation Against William C. Bryce, M.D., before the Medical

1 Board of California, respondent's license was placed on probation for a period of ten (10) years,  
2 which included a suspension from practice for six (6) months, based on a finding that respondent  
3 aided and abetted the unlicensed practice of medicine. That decision is now final.

4 PRAYER

5 WHEREFORE, Complainant requests that a hearing be held on the matters herein  
6 alleged, and that following the hearing, the Division of Medical Quality issue a decision:


7 1. Revoking or suspending Physician & Surgeon's Certificate Number A  
8 28255, issued to WILLIAM C. BRYCE, M.D.;

9 2. Revoking, suspending or denying approval of WILLIAM C. BRYCE,  
10 M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;

11 3. Ordering WILLIAM C. BRYCE, M.D. to pay the Division of Medical  
12 Quality the reasonable costs of the investigation and enforcement of this case, and, if placed on  
13 probation, the costs of probation monitoring;

14 4. Taking such other and further action as deemed necessary and proper.

15 DATED: July 20, 2001.

16  
17  
18   
19 RON JOSEPH  
20 Executive Director  
21 Medical Board of California  
22 Department of Consumer Affairs  
23 State of California  
24 Complainant  
25  
26  
27  
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